

APPLICATION DATA SHEET

Application number::
Filing Date::
Application Type::
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Sequence submission?:: None
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: SURGICAL PERFORATION DEVICE WITH CURVE

Attorney Docket Number:: 12361-15US JEL
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 11
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Secrecy Order in Parent Appl.?:: No

INVENTOR INFORMATION

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full capacity
Given name:: Amanda
Middle name:: April
Family name:: HARTLEY
Name Suffix::
City of Residence:: Brampton
State or Province of Residence:: ON
Country of Residence:: Canada
Street:: 8 Redcastle St.
City:: Brampton
State or Province:: ON
Country:: Canada
Postal or Zip Code:: L7A 1P1

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full capacity
Given name:: Krishan
Middle name::
Family name:: SHAH
Name Suffix::
City of Residence:: Mississauga
State or Province of Residence:: ON
Country of Residence:: Canada
Street:: 5102 Durie Rd.
City:: Mississauga
State or Province:: ON
Country:: Canada
Postal or Zip Code:: L5M 2C7

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full capacity
Given name:: Naheed
Middle name::
Family name:: VISRAM
Name Suffix::
City of Residence:: Markham
State or Province of Residence:: ON
Country of Residence:: Canada
Street:: 2 Buttonfield Rd.
City:: Markham
State or Province:: ON
Country:: Canada
Postal or Zip Code:: L3R 9E9

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full capacity
Given name:: Frank
Middle name::
Family name:: BAYLIS
Name Suffix::
City of Residence:: Beaconsfield
State or Province of Residence:: PQ

Country of Residence:: Canada
Street:: 658 Robin Ave.
City:: Beaconsfield
State or Province:: PQ
Country:: Canada
Postal or Zip Code:: H9W 1R8

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 020988
Phone number:: (514) 845-7126
Fax:: (514) 288-8389
E-Mail Address:: swapat@swabey.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 020988

ASSIGNEE INFORMATION

Assignee name:: Baylis Medical Company Inc.
Street:: 5253 Decarie Blvd.
 Suite 540
City:: Montreal
State or Province:: PQ
Country:: Canada
Postal or Zip Code:: H3W 3C3